



Committee Statement of Organization



Initial Application Amended Application

DATE **February 10, 2020** ID# (office use only) **19-SCC-04**

COMMITTEE TYPE (choose one)

CANDIDATE

COMMITTEE NAME (must include candidate's first or last name and, if the candidate has a candidate committee open for more than one office, the office sought)
Federici For Supervisor

ELECTION CYCLE FOR OFFICE SOUGHT (year election will take place, required)
2020

PARTY AFFILIATION (required for partisan offices)
 Democrat Green Libertarian Republican
 Other: **Independent**

CANDIDATE'S NAME (required)
Donna Federici

CANDIDATE'S MAILING ADDRESS (required) **PO Box 446** CITY **Sonoita** STATE **AZ** ZIP **85637**

CANDIDATE'S EMAIL ADDRESS (required) **donna@federiciforsupervisor.com** CANDIDATE'S PHONE NUMBER (required) **520-604-6755** CANDIDATE'S WEBSITE (if any) **federiciforsupervisor**

OFFICE SOUGHT (required, choose one)

Assessor Recorder
 Attorney School Superintendent
 Board of Supervisors – District: **3** Sheriff
 Clerk of Superior Court Superior Court Judge – Division: _____
 Constable – Precinct: _____ Treasurer
 Justice of the Peace – Precinct: _____
 School District Governing Board – District: _____
 Special District Board (fire, water, sanitation, hospital, road, etc.) – District: _____

Political Action Committee (PAC)

COMMITTEE NAME (if sponsored, must include sponsor's name)

POLITICAL FUNCTION (optional) (choose any that apply)
 Ballot Measure Expenditures Candidate-Related Independent Expenditures Contributions Recall Expenditures

SPONSORSHIP INFORMATION (if applicable)
 SPONSOR'S NAME OR NICKNAME (required)

SPONSOR'S MAILING ADDRESS (required) CITY STATE ZIP

SPONSOR'S EMAIL ADDRESS (required) SPONSOR'S PHONE NUMBER (if any) SPONSOR'S WEBSITE (if any)

SPECIAL STATUS (if applicable)
 Choose one
 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration) Mega PAC (must provide proof of Mega PAC status to filing officer, amended applications only)

POLITICAL PARTY

PARTY NAME (must include party affiliation)
Independent

JURISDICTION
 County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)

SPECIAL STATUS (if applicable)
 Standing Committee (must also complete separate standing committee registration)

Santa Cruz County Elections Department
2150 N. Congress Dr., Rm. 119
Nogales, AZ 85621 (520) 375-7812

COMMITTEE INFORMATION

COMMITTEE'S MAILING ADDRESS (required) PO Box 727		CITY Sonoita	STATE AZ	ZIP 85637
COMMITTEE'S EMAIL ADDRESS (required)	COMMITTEE'S PHONE NUMBER (if any)	COMMITTEE'S WEBSITE (if any)		
CHAIRPERSON'S INFORMATION				
CHAIRPERSON'S NAME (required) Kat Crockett				
CHAIRPERSON'S PHYSICAL ADDRESS (required) 222 Elgin Rd		CITY Elgin	STATE AZ	ZIP 85611
CHAIRPERSON'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
CHAIRPERSON'S EMAIL ADDRESS (required) kat@federiciforsupervisor.com	CHAIRPERSON'S EMPLOYER (required) Self /Vineyard Owner			
CHAIRPERSON'S PHONE NUMBER (required) 520-508-8667	CHAIRPERSON'S OCCUPATION (required) Vineyard Owner			
TREASURER'S INFORMATION				
TREASURER'S NAME (required) Jennie Kramer				
TREASURER'S PHYSICAL ADDRESS (required) 45 Southmoreland Place		CITY Elgin	STATE AZ	ZIP 85611
TREASURER'S MAILING ADDRESS (if different)		CITY	STATE	ZIP
TREASURER'S EMAIL ADDRESS (required) j.kramer.jek@gmail.com	TREASURER'S EMPLOYER (required) Sonoita Propane, LLC			
TREASURER'S PHONE NUMBER (required) 520-820-3640	TREASURER'S OCCUPATION (required) Office Manager			

BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS

BANK NAME (required) National Bank of Arizona	ADDITIONAL BANK NAME (if applicable)	ADDITIONAL BANK NAME (if applicable)
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DECLARATION AND SIGNATURES

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

CHAIRPERSON'S SIGNATURE X <i>Kat Crockett</i>	DATE 13 Feb 2020
TREASURER'S SIGNATURE X <i>Jennifer Kramer</i>	DATE 13 Feb 2020
CANDIDATE'S SIGNATURE (if applicable) X <i>Dawn Federici</i>	DATE 13 Feb 2020